PTO/SB/06 (07-06) /2007 OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/808,188			ing Date 24/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A	1 == (0)	1	N/A	(4)	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		,		x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	wings exceed 100 ation size fee due ity) for each tion thereof. See 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	04/02/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 23	Minus	** 385	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	***27	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								П			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	••	=	1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***	=]	x \$ =		OR	x s =		
딦	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Highest Number Previously Paid For "(Total In Entermation is previoud in other appropriate box in column 1.												

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